



## PATIENT

Coosa Ferrell

## SPECIES

Canine

## BREED

Golden Mix

## SEX

Spayed female

## AGE

12 years

## WEIGHT

41.6 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Hadley Harris

## HOSPITAL NAME

TotalBond VH

## REFERRING VET

Dr. Harris

## INVOICE

70217

## DATE

1/16/26

## PRESENTING CLINICAL SIGNS

History: 12-year-old spayed female Golden Retriever mix with a chronic history of elevated liver enzymes, previously responsive to Denamarin. Initial abnormalities were noted in 2024 (ALT 239 U/L, ALP 339 U/L) with no treatment pursued at that time. Re-evaluation in November revealed progressive elevations (ALT 387 U/L, ALP 632 U/L), and Denamarin was restarted. Follow-up testing showed continued increases (ALT 562 U/L, ALP 635 U/L). Indication: Abdominal ultrasound performed to evaluate the liver for potential causes of persistent and progressive hepatopathy. Procedures: Ultrasound-guided fine-needle aspirates were obtained from the left liver lobes for cytologic evaluation.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 5.76 cm. The left kidney measured 6.0 cm.

### Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 1.57 x 0.7 cm. The left adrenal gland measured 0.7 cm.

### Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. Occasional, non-disruptive nodular change was noted and folded upon itself cranially. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes was noted.



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## Liver

The **liver** revealed coarse architecture with increased portal markings. Nodular changes were noted. The liver revealed a large, hepatomatous type mass that was deriving from the left caudal liver and measured 6.8 x 6.0 cm. The remainder of the liver revealed mildly increased portal markings and multi-focal, nodular changes with slight irregular contour. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

## Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

## Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

## ULTRASONOGRAPHIC FINDINGS

Left-sided liver mass. Hepatomatous type change. Hepatic remodeling and nodular hyperplasia pattern.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Core biopsy or ultrasound-guided FNA of the general liver as well as that of the hepatomatous type mass is indicated. Bile acid profile and sampling of the left and right liver as well as CT evaluation for surgical planning is all indicated. The mass is likely a benign hepatoma; however, it is somewhat at risk for torsion or necrosis. This should be surgically removed.



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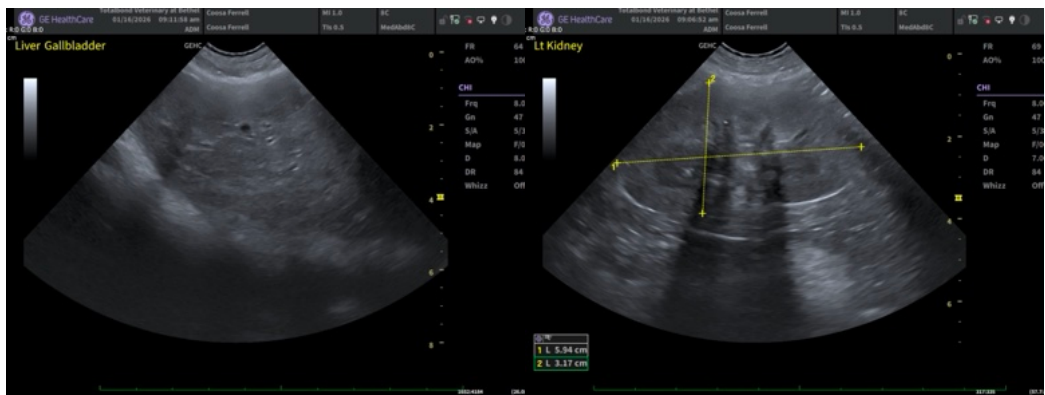
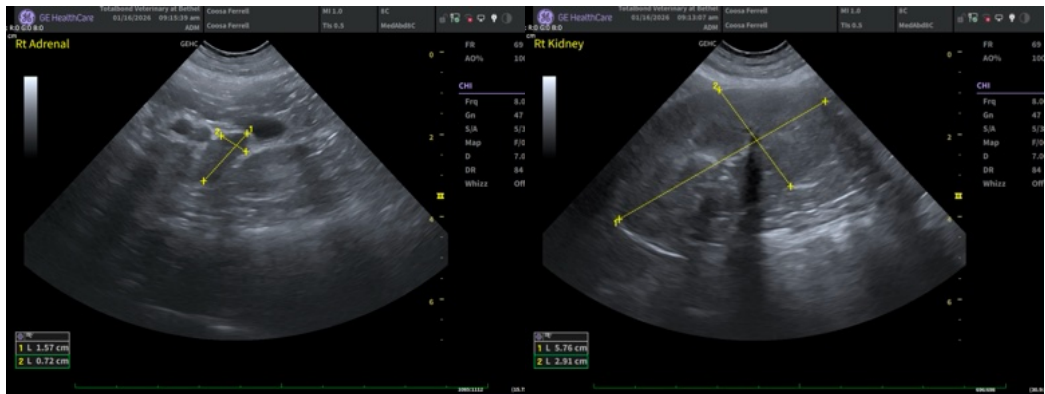
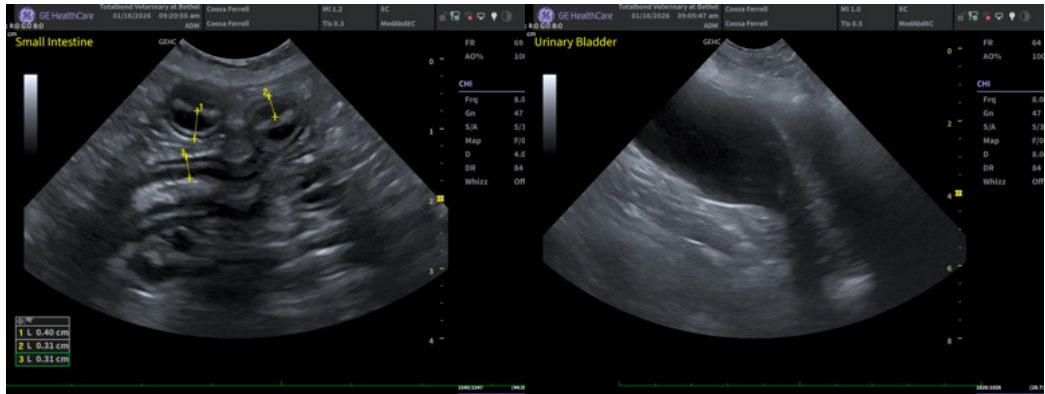
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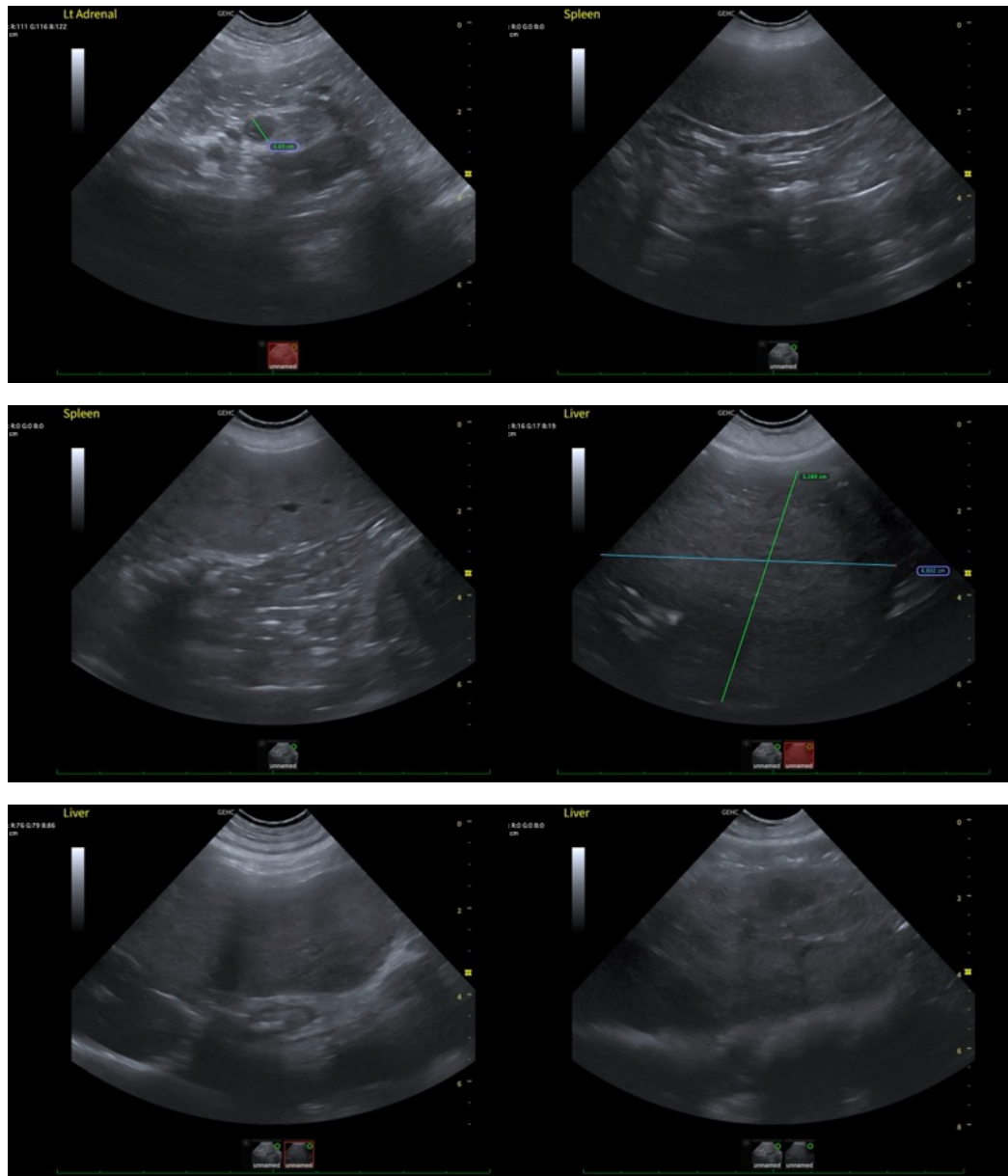
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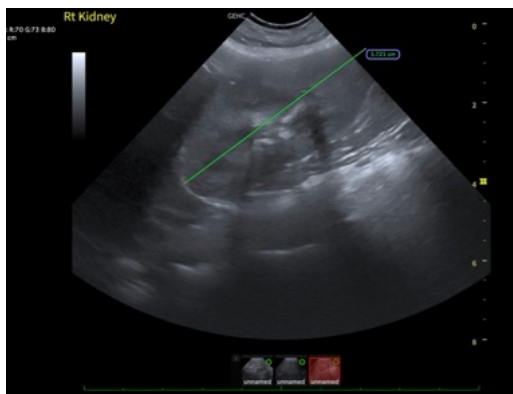
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

[info@SonoPath.com](mailto:info@SonoPath.com)

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